

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
02-011

2. STATE
IDAHO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
07-01-2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42CFR 440.100
42 CFR 440.120.b.

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 (\$ 262,321.00) FFP savings
b. FFY 2003 (\$ 3,727,500.00) FFP savings

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1.A Program Description, #10

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1.A. Program Description, #10

10. SUBJECT OF AMENDMENT:

#10. Dental services for adults (persons past the month of their 21st birthday) are only covered covered for dental emergency services. This SPA more clearly defines which services are covered for adults. Also services for women on the Pregnant Women and Children program (PWC) are clarified; the woman must be PWC eligible but not pregnant at the time the dental services are received.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

KARL B. KURTZ

14. TITLE:

Director

15. DATE SUBMITTED:

16. RETURN TO:

Joseph R. Brunson, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0036

17. DATE RECEIVED:

SEP 27 2002 FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED:

DEC 20 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL - 1 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

151

21. TYPED NAME:

Bunee Butchered

22. TITLE:

Associate Regional Administrator

23. REMARKS:

9/26

Boise
STATE

9. d. (v) The medical necessity for diabetic education and training are evidenced by the following:
- (a) a recent diagnosis of diabetes within ninety (90) days or enrollment with no history of prior diabetic education; or,
 - (b) uncontrolled diabetes manifested by two or more fasting blood sugar of greater than one hundred forty milligrams per decaliter (140 mg/dL), hemoglobin greater than eight percent (8%), or random blood sugar greater than one hundred eighty milligrams per decaliter (180 mg/dL), in addition to manifestations, or
 - (c) recent manifestations resulting from poor diabetes control including neuropathy, retinopathy, recurrent hypoglycemia, repeated infections, or non-healing wounds.
- (vi) Diabetes education and training services will be limited to twenty-four (24) hours of group sessions and twelve (12) hours of individual counseling every five (5) calendar years.

10. Dental Services:

Dental services for children through the month of their twenty-first (21st) birthday include diagnostic, preventative, restorative treatment, endodontics, periodontics, fixed and removable prosthodontics, maxillofacial prosthetics, oral surgery, orthodontics and adjunctive general services, and are purchased when provided by a licensed dentist or denturist as described in Rules Governing Medical Assistance Sections 912 and 913. Specific services covered for children are stated in Rules Governing Medical Assistance 16.03.09 sections 900 through 913.

Dental services for adults (persons who are past the month of their twenty-first birthday) without eligibility restrictions are covered for emergency services only. Emergency dental services are those services provided because of a patient's dental condition which, after applying the prevailing standards of judgement and practice within the community, require immediate dental intervention. Claims for emergency dental services listed in Rules Governing Medical Assistance Section 915 can be submitted without additional documentation attached to the claim. Claims for any other adult dental services listed in Rules Governing Medical Assistance Sections 901 through 913, and 916, which are emergency services require documentation attached to the claim. The documentation must be signed by the client's treating dentist or oral surgeon and must certify that, in the professional opinion of the dentist or oral surgeon, there is an emergent need for the service.

Dental services for women on the Pregnant Women and Children (PWC) Program are listed in Rules Governing Medical Assistance Section 914.

Dental Services Limitations: All covered dental services, limitations on specific services, excluded services, billing codes and payment policies are stated in the Rules Governing Medical Assistance 16.03.09 sections 900 through 916. A dental consultant will review requests for prior authorization, with accompanying documentation, to determine approval or denial. Procedures not recognized by the American Dental Association are not covered.

TN#	02-011
Approval Date	DEC 2 2002
Supersedes TN#	02-005
Effective Date	7-1-02